

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>03-32</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>August 21, 2003</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 440.167 &amp; 42 CFR 447 Subpart B</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> <u>\$740.14</u> b. FFY <u>2004</u> <u>\$6,915.78</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1 A, Item 26, Pages 4 &amp; 5</b> <b>Attachment 4.19 B, Item 26, Page 2, 3, 4</b>  <b>★ See Remarks</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>None-New Pages</b> <b>None - New Page</b>  <b>★ See Remarks</b>

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to establish personal assistant services as an optional Medicaid service to support the employment efforts of recipients with disabilities who are age 18 through 64 years.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>State of Louisiana</b>  <b>Department of Health and Hospitals</b>  <b>1201 Capitol Access Road</b>  <b>PO Box 91030</b>  <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME:  <b>David W. Hood</b>	
14. TITLE:  <b>Secretary</b>	
15. DATE SUBMITTED:  <b>September 24, 2003</b>	

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17. DATE RECEIVED:  29 SEPTEMBER 2003	18. DATE APPROVED:  16 MARCH 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  21 AUGUST 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME:  ANDREW A. FREDRICKSON	22. TITLE:  ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

**Pen & Ink Changes Per State's Ltr dated 2/19/04.**

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

CITATION Medical and Remedial  
42 CFR Care and Services  
440.167 Item 26

II. Personal Assistant Services-Employment Support

Personal assistant services support the employment efforts of recipients with disabilities. Services must be prescribed by a physician or psychiatrist and provided in accordance with an approved service plan and supporting documentation. These services must be coordinated with other Medicaid services being provided to the recipient and will be considered in conjunction with those other services.

Assessment

An assessment shall be performed for each recipient requesting personal assistant services. The assessment shall be utilized to identify the recipient's needs and preferences as related to obtaining and maintaining employment, the availability of family and community supports and to develop the service plan.

Prior Authorization

Personal assistant services must be prior authorized. Requests for prior authorization must be submitted to the Bureau of Health Services Financing (BHSF) or its designee and include a copy of the assessment form and service plan.

Covered Services

Personal assistant services provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL) that are necessary for the purposes of obtaining and/or maintaining employment. Assistance may be either the actual performance of the personal assistant task for the individual or supervision and prompting so the individual performs the task by him/herself.

ADLs are those personal, functional activities required by an individual for continued well-being, health and safety. ADLs include such tasks as: eating, bathing, dressing, grooming, transferring, reminding the recipient to take medication, ambulation, and toileting.

IADLs are those activities that are considered essential for sustaining the individual's health and safety, but may not require performance on a daily basis. IADLs include tasks

SUPERSEDES: NONE - NEW PAGE

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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such as: light housekeeping, food preparation and storage, grocery shopping, laundry, providing transportation when necessary: to seek employment; to go to and from the recipient's place of employment; or to access other necessary activities; and providing assistance in the completion of employment related or other necessary correspondence.

Medical Necessity

Personal assistant services shall be available to recipients with disabilities. The recipient must require assistance with at least two activities of daily living and be able to participate in his/her care and self direct the services provided by the personal assistant independently or through a responsible representative.

Place of Service

Personal assistant services may be provided in the recipient's home or in another location outside of the recipient's home if the provision of these services allows the recipient to participate in the activities to obtain or maintain employment. The recipient's home is defined as the recipient's place of residence, including his/her own house or apartment, a boarding house, or the house or apartment of a family member or unpaid primary care-giver. A hospital, an institution for mental disease, a nursing facility or an intermediate care facility for the mentally retarded are not considered to be the recipient's home.

Service Limitations

Personal assistant services shall be limited to up to 56 hours per week. Authorization of service hours shall be considered on a case by case basis as substantiated by the recipient's service plan and supporting documentation. An extension of the weekly service limit may be requested and will be considered on the basis of medical necessity.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 26, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR 447  
Subpart B

Medical and Remedial  
Care and Services  
Item 26

**II. Personal Assistant Services-Employment Support**

**Reimbursement Methodology**

Personal assistant services are reimbursed at the same rate paid for personal care services. This rate was negotiated as part of a lawsuit settlement agreement. Providers are reimbursed at \$3/per unit of service for an hourly rate of \$12.00. One quarter hour is the standard unit of service. The rate is published in the Personal Care Services Manual. Reimbursement shall not be authorized for the provision of less than one quarter of an hour of service.

**Standards for Payment**

- A. In order to participate as a Personal Assistant Services provider, an agency:
1. must comply with:
    - a. state licensing regulations;
    - b. Medicaid provider enrollment requirements;
    - c. standards of care set forth by the Louisiana Board of Nursing; and
    - d. policy and procedures contained in the Personal Assistant Services Manual.
  2. must possess a current valid license for the Client Services Providers, Personal Care Attendant Services Module issued by the Department of Social Services, Bureau of Licensing
- B. In addition, a Medicaid enrolled agency must:
1. either demonstrate experience in successfully providing direct care services to the target population or demonstrate the ability to successfully provide direct care services to the target population;

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 26, Page 3

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

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2. employ a sufficient number of personal assistant and supervisory staff to ensure adequate coverage in the event that an assistant's illness or an emergency prevents him/her from reporting for work;
3. ensure that a criminal background check and drug testing is conducted for all direct care staff prior to an offer of employment being made;
4. ensure that direct care staff is qualified to provide personal assistant services. Assure that all new staff satisfactorily completes an orientation and training program in the first 30 days of employment;
5. ensure that an employee has a current valid drivers license and automobile liability insurance if transportation is furnished. The provider agency must accept the liability for their employee transporting a recipient.
6. assure that all staff is employed in accordance with IRS and Department of Labor regulations. The subcontracting of individual personal care staff and/or supervisors is prohibited;
7. implement and maintain an internal quality assurance plan to monitor recipient satisfaction with services on an ongoing basis;
8. document and maintain recipient records in accordance with federal and state regulations governing confidentiality and licensing requirements;
9. have written policies and procedures that recognize and reflect the recipient's right to freedom of choice in the selection of a personal assistant services provider and to participate in the development of their service plan and the decision making process regarding service delivery;

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 26, Page 4

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

10. have a written policy for an informal resolution process to address recipient complaints and/or concerns regarding personal assistant services; and
11. have a written policy for a formal resolution process to address those situations where the informal resolution process fails to resolve the recipient's complaint.

**Consumer Direction**

Consumer direction is an alternative fiscal management process which allows recipients to actively participate in the hiring, training, and firing of direct care staff. For those individuals who select the consumer direction payment option, the Department of Health and Hospitals (DHH) will contract with qualified vendors to serve as fiscal agents through the RFP process. Consumer direction will be offered to recipients through a phase in approach beginning with DHH Regions 1, 2, and 9 during the first three years of implementation. The fiscal agents will contract to provide financial services/supports such as: submitting claims to the fiscal intermediary for payment; providing payroll functions for direct care staff; preparing monthly expenditure reports; processing mandatory federal and state employment deductions (i.e., taxes, social security); and providing income tax forms (W-2, W-4).

**Note: Prior Authorization is required for personal assistant services.**

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